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#302910 WEMMH SB/01 (12-03)

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**DECLARATION FOR UTILITY OR  
DESIGN PATENT APPLICATION  
(37 CFR 1.63)**

☐ Declaration Submitted With Initial Filing  
OR  
☒ Declaration Submitted after Initial Filing (surcharge 37 CFR 1.16 (e) required)

Attorney Docket Number	37060-33
First Named Inventor	ASH, Stephen et al.
COMPLETE IF KNOWN	
Application Number	
Filing Date	13 September 2004
Art Unit	
Examiner Name	

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**MEDICAL DEVICES EXHIBITING ANTIBACTERIAL PROPERTIES**

(Title of the Invention)

the specification of which

☐ is attached hereto  
OR

☒ was filed on (MM/DD/YYYY) **03/14/2003** as United States Application Number or PCT International

Application Number **PCT/US03/07838** and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119 (a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Check Only If Priority Not Claimed	Certified Copy Attached?	
				YES	NO
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under U35 USC 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/364,335	03/14/2002	

Under the Paperwork Reduction Act of 1995, no persons are required to a collection of information unless it contains a valid OMB control number.

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below, and insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (If applicable)
PCT/US03/07838	03/14/2003	

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:

☒ Customer Number

30565

Place Customer Number  
Bar Code Label Here

OR

☐ Registered practitioner(s) name/registration number listed below.

Name	Registration Number	Name	Registration Number

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information Sheet PTO/SB/02C attached hereto.

Direct all correspondence to: ☒ Customer Number Bar Code Label 30565 OR ☐ Correspondence address below

Name			
Address			
Address			
City	State	ZIP	
Country	Telephone	Fax	

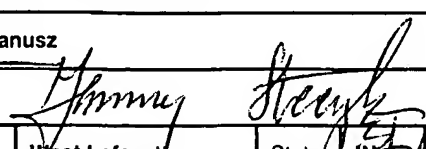
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor: ☐ A petition has been filed for this unsigned inventor.

Given Name (first and middle [if any])		Family Name or Surname	
Stephen R.		ASH	
Inventor's Signature	Date		Oct 22, 2004
Residence	City	State	IN Country US
	Lafayette		
Post Office Address	2514 Mar Ruth Drive		
Post Office Address			
City	Lafayette	State	IN ZIP 47905 Country US

☒ Additional inventors are being named on the \_\_\_1\_\_\_ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

ADDITIONAL INVENTOR(S)  
Supplemental Sheet  
PTO/SB/02A

Name of Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor.								
Given Name (first and middle [if any])					Family Name or Surname					
Janusz					STECZKO					
Inventor's Signature						Date	10/22/04			
Residence	City	West Lafayette	State	IN	Country	US		Citizenship	US	
Post Office Address		28 Circle Lane Court								
Post Office Address										
City		West Lafayette		State	IN	ZIP	47906		Country	US

Name of Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor.								
Given Name (first and middle [if any])					Family Name or Surname					
Inventor's Signature						Date				
Residence	City		State		Country			Citizenship		
Post Office Address										
Post Office Address										
City				State		ZIP			Country	

Name of Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor.								
Given Name (first and middle [if any])					Family Name or Surname					
Inventor's Signature						Date				
Residence	City		State		Country			Citizenship		
Post Office Address										
Post Office Address										
City				State		ZIP			Country	